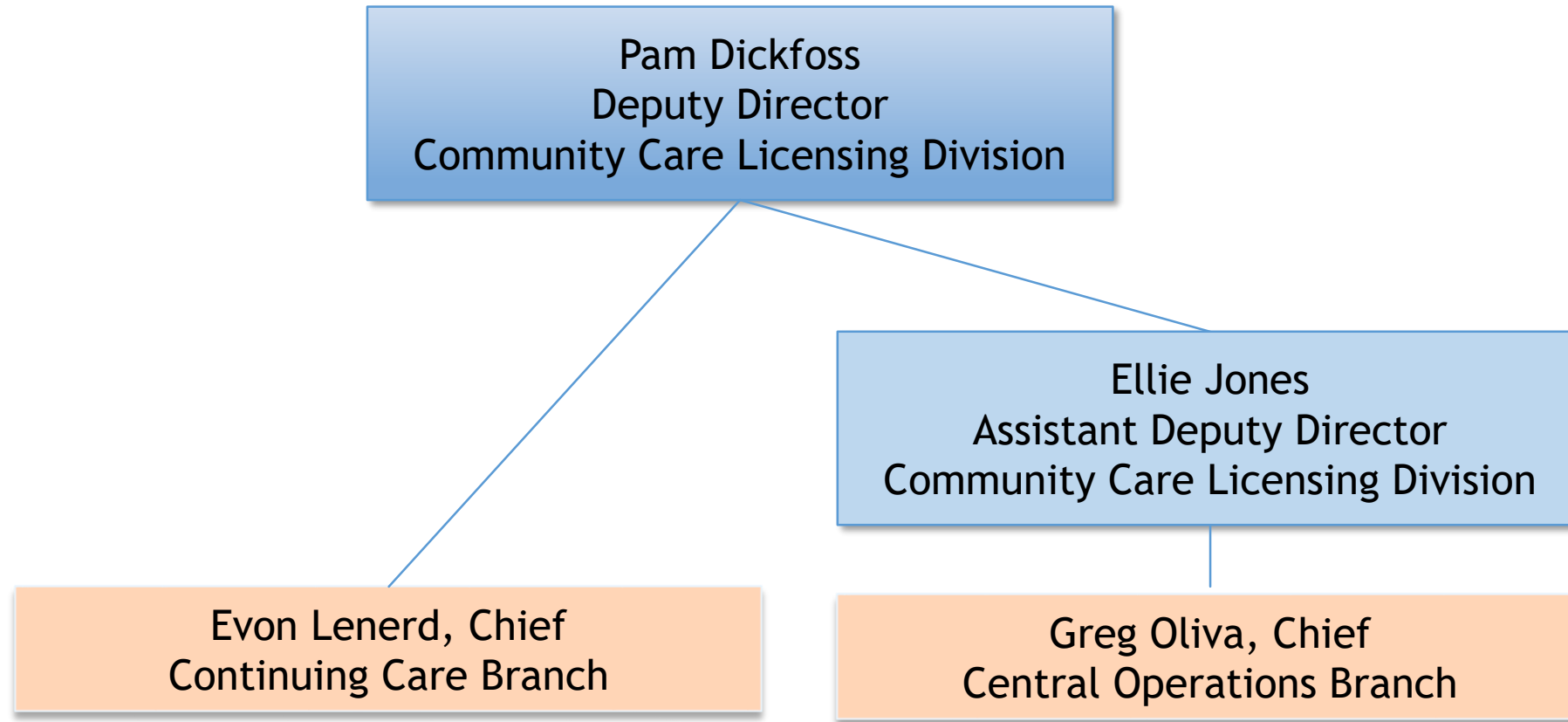


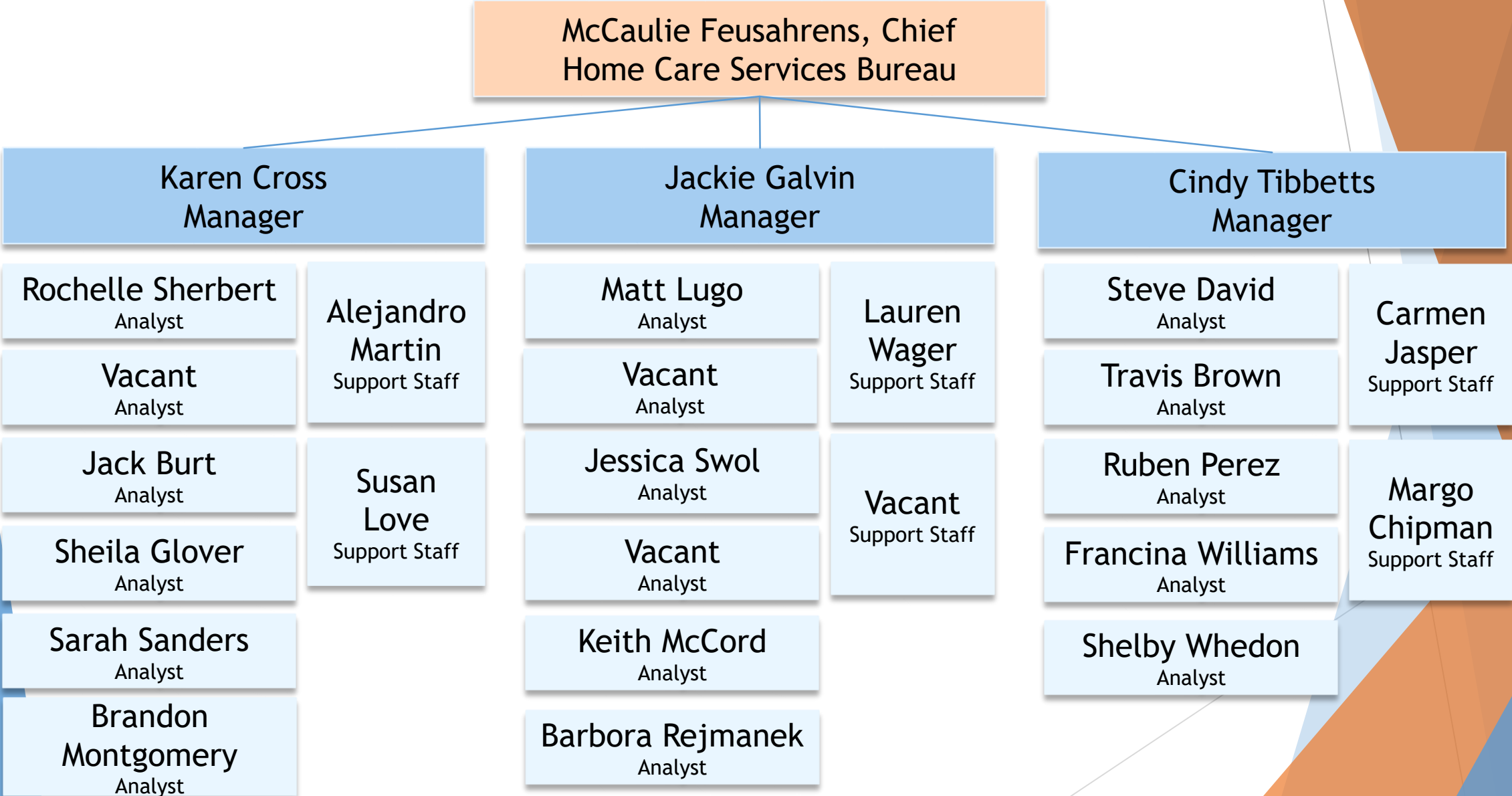
Home Care Services Consumer Protection Act

Stakeholders Meeting
November 3 & November 17, 2017

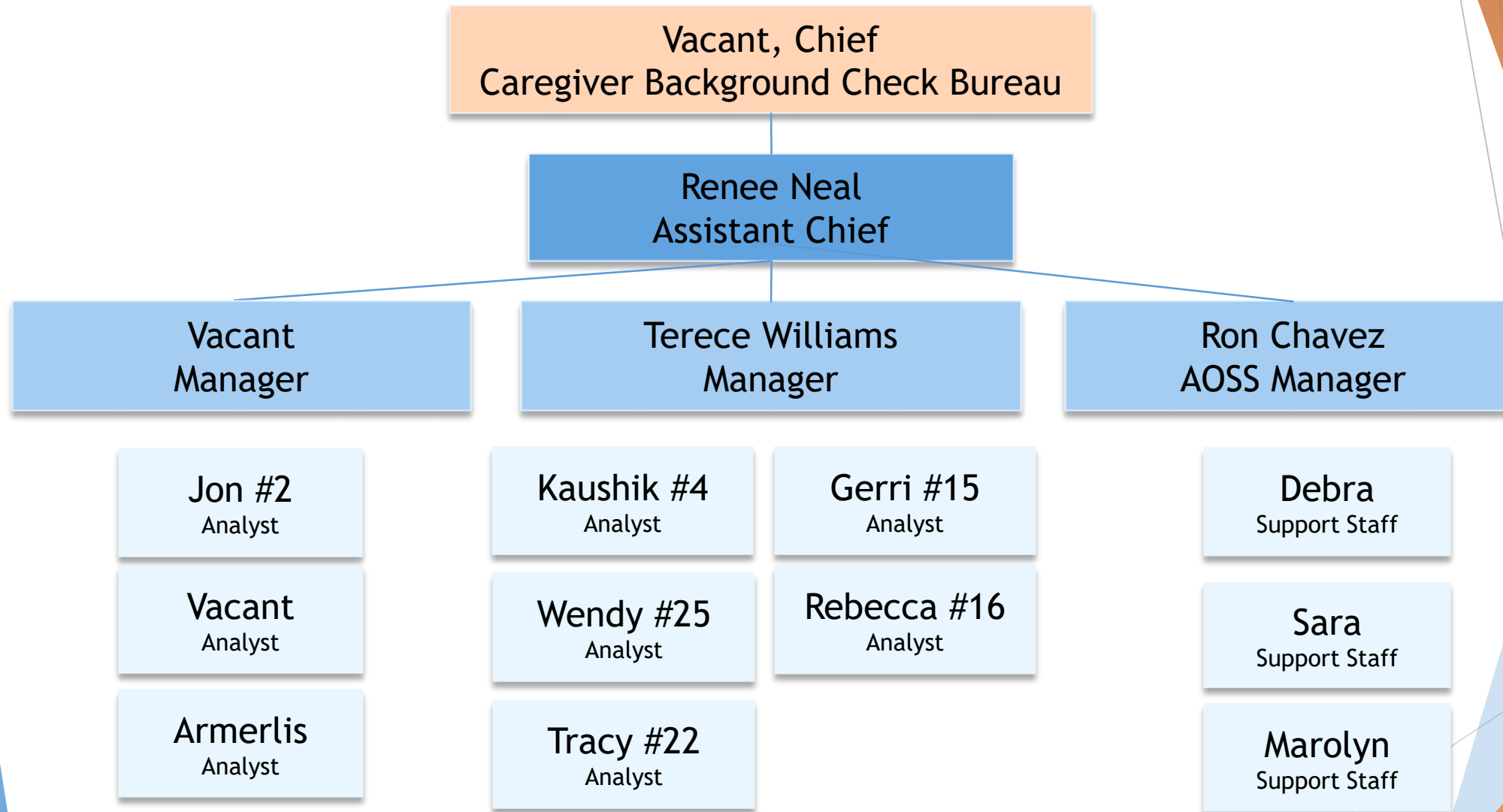
Home Care Services Executive Team



Home Care Services Bureau (HCSB)



Caregiver Background Check Bureau (CBCB)



Objectives

- ▶ Provide updates
- ▶ Provide information on HCA renewals

Updates

Updates

- ▶ HCSB receiving approximately 400 calls per day
- ▶ HCO Applications
 - ▶ Applications Received: 1,700+
 - ▶ Licenses Issued: 1,440+
 - ▶ Conditional Licenses Issued: 20+
- ▶ HCA Applications
 - ▶ Applications received: 140,000+
 - ▶ Showing registered on the Registry: 113,000+
 - ▶ HCAs denied, closed, revoked, forfeited: 22,000+

Renewal Information

New Fees

- ▶ New fees will commence on January 1, 2018
- ▶ HCA fee:
 - ▶ \$35 for initials and renewals
- ▶ HCO fee:
 - ▶ \$5,603 for initials and renewals

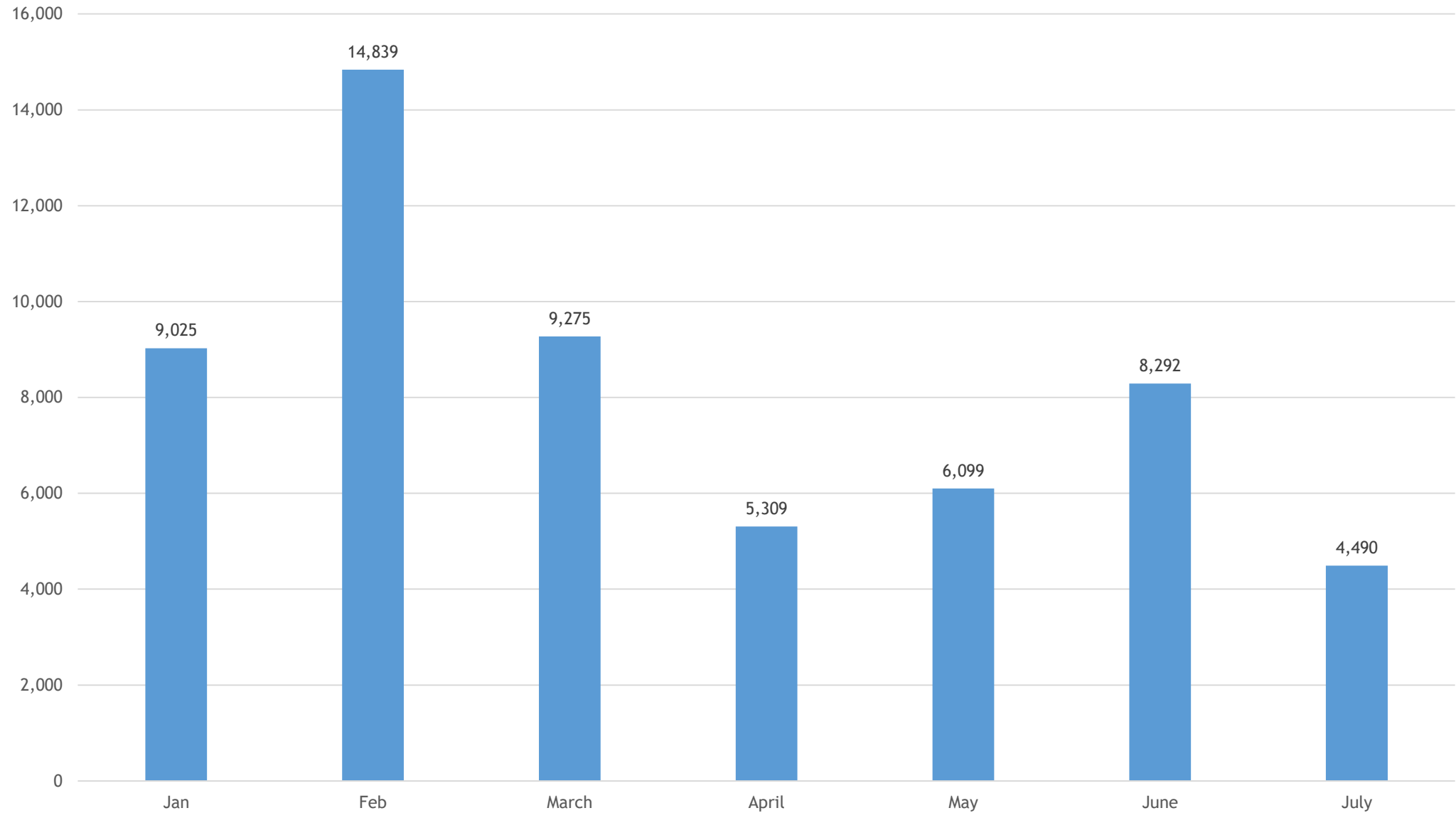
HCA Renewals

- ▶ Notification/Letters
 - ▶ 90 days prior to the expiration of the HCA's registration
 - ▶ to the HCA; and,
 - ▶ all HCOs the HCA is affiliated to
 - ▶ HCA letters will contain a PIN for online renewal
 - ▶ HCA letters will have the manual option on page (2)

HCA Renewals (cont'd)

- ▶ HCA will be able to renew online or manually (online is strongly encouraged)
 - ▶ Online must pay with credit card
 - ▶ Manual must pay with check or money order
- ▶ LiveScan is not required for renewals

Estimated HCA Renewals



HCA Registration Renewal Letter

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF SOCIAL SERVICES

Home Care Services Bureau
744 P Street, MS T8-3-90
Sacramento, CA 95814



November 03, 2017

HCA ID # 7516001995
Renewal PIN # S6P9HXU4

FOUR NOTWENTYSIXR
6749 Q ST
SACRAMENTO, CA 95819

HOME CARE AIDE REGISTRY NOTICE Registration Renewal Required

This notice is to inform you that your home care aide registration is set to expire on 01/10/2018. In order to remain registered on the Home Care Aide Registry, you must renew your registration on or before 01/10/2018, or your registration will be forfeited. Please note, the Department of Social Services cannot extend your registration expiration date for any reason.

To renew your registration online, please go to the Home Care Aide Registry website at <https://secure.dss.ca.gov/ccld/hcsregistry/Help.aspx> and follow the steps within the Renewal tab. You will need your Renewal PIN number listed above, as well as a credit card for the \$35.00 renewal fee, in order to complete the online renewal process. If you need to update your address(es), email address, and/or phone number(s), you can do so when you renew your registration. Online renewal must be completed on or before your expiration date or your registration will be forfeited.

To renew manually, please complete the Home Care Aide Registration Renewal application on the back of this notice. Return the completed and signed application to the Home Care Services Bureau at the address above, along with a check or money order payable to the California Department of Social Services in the amount of \$35.00. Your renewal application and renewal fee must be postmarked on or before your expiration date or your registration will be forfeited.

If you have any questions regarding this notice, please call 1-877-424-5778.

Home Care Aide Registration Renewal

Name (Last, First, Middle):	Per ID#:
-----------------------------	----------

☐ I wish to renew my home care aide registration. I have included my \$35.00 renewal fee by check or money order.

☐ I do not wish to renew my home care aide registration. I hereby relinquish my registration. The relinquishment date will reflect the date this letter is received by the Home Care Services Bureau (if postmarked on or before my expiration date).

If your address, email address, or telephone numbers have changed, please update your information below:

RESIDENCE ADDRESS:

Street Address:			Apt:
City:	State:	Zip Code:	County:

MAILING ADDRESS (if different than above):

P.O. Box/Street Address:			Apt:
City:	State:	Zip Code:	County:

E-MAIL (Voluntary):

TELEPHONE NUMBERS:

	Day:	Evening:
--	------	----------

If you need to change your name, you must submit a Home Care Aide Registry Request for Name/Address Change (HCS 105) to the Home Care Services Bureau. You can obtain this form at: <http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS105.pdf>.

Please note, you are required to notify the California Department of Social Services within ten (10) days of an address change or your registration may be forfeited.

I declare under penalty of perjury that the statements on this form are correct to the best of my knowledge.

Signature:	Date:
------------	-------

HCA Registration Renewal Letter for HCOs

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF SOCIAL SERVICES

Home Care Services Bureau
744 P Street, MS T6-3-90
Sacramento, CA 95814



November 03, 2017

Home Care Organization #
HCA ID # 7516001995

HOME CARE AIDE REGISTRY NOTICE
Registration Renewal Required

This notice is to inform you the home care aide registration for FOUR NOTWENTYSIXR is set to expire on 01/10/2018. This individual must complete the registration renewal process, including payment of the \$35.00 renewal fee, on or before 01/10/2018 or the registration will be forfeited. Please note, the Department of Social Services cannot extend the registration expiration date for any reason.

A separate letter has been sent to this individual with instructions on how to renew his/her registration, either online or manually. Please communicate with this individual to ensure that he/she has received the renewal notice and completes the renewal process on or before the registration expiration date.

If the individual does not renew on or before this date, his/her home care aide registration will be forfeited, and he/she will no longer be allowed to have contact with home care organization clients, prospective clients, or confidential client information and shall not provide home care services for any licensed home care organization.

A copy of this letter must be placed in the home care organization personnel records. If you have any questions regarding this notice, you may write to the address above or you may call 1-877-424-5778.

Online Renewal Screens



State of California



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[Registration](#)

[Renewal](#)

[FAQ](#)

[Contact Us](#)

Scheduled Maintenance

This feature is not available. The system is temporarily unavailable due to system maintenance. Registration and Renewal functions are expected to be down from approximately 11:30 P.M. until 7:30 A.M. We apologize for any inconvenience. If you wish to contact our support staff, they are available from 8:00 AM to 5:00 PM.

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Phone: [1-877-424-5778](tel:1-877-424-5778) Email: HCSB@dss.ca.gov

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Online Renewal Screens



Step 1 of 6: Privacy Notice on Collection

California Department of
Social Services (CDSS)
CDSS Privacy Notice on Collection
Effective March 2016

The California Department of Social Services (CDSS) Privacy Notice on Collection covers our practices regarding personal information collected when completing forms (online or hardcopy) such as name, social security number, physical description, home address, home telephone number, education or financial, medical or employment history, etc. Any personal information collected is subject to the limitations in the following Federal and State policies:

- California Welfare and Institutions Code section 10850
- Government Code Section 11015.5
- Information Practices Act -Civil Code section 1798 et seq.
- Public Records Act -Government Code section 6250 et seq.
- Safeguarding Information for the Financial Assistance Programs -45 CFR 205.50
- Statewide Administrative Manual (SAM), Privacy Section 5310
- Statewide Information Management Manual (SIMM) 5310-A & B.

CDSS collects personal information directly from individuals who volunteer to obtain some of our services. Collection of this information is required to deliver the specific services, but use of these services is voluntary. Failure to provide requested information may result in a denial of services.

The information collected will not be shared with any other Federal or State agencies, unless required by law.

Please do not provide personal information that is not requested. Any fields in the form with unrestricted text are intended for the requested information only.

Individuals who provide personal information to CDSS have the right to review the information for accuracy and completeness and to request corrections or deletions. For information, review the online [CDSS Privacy Policy Statement](#).

Individuals have the right to access records containing personal information. You may contact the Home Care Services Bureau by phone at [1-877-424-5778](tel:1-877-424-5778) or by email at HCSB@dss.ca.gov.

For more consumer information on security please see the California Department of Justice's, "[Security Awareness](#)"



[Proceed with Online Renewal](#)

[Printable Renewal Form](#)

[Printable 508 Form](#)

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Online Renewal Screens



Step 2 of 6: Google Services Notice

The Home Care Aide Registry uses Google Services to validate your physical and mailing address. Your browser may also prompt you to allow your location information to be transmitted to Google. Sharing your location is NOT necessary for using the Google Services.

Refer to Google's privacy policy on how Google may use this information:

<https://www.google.com/policies/privacy/>

If you choose NOT to use Google Services to validate your address, no information will be transmitted to Google. There is NO penalty for making this choice, and it will NOT affect your status in the Home Care Aide Registry.

Allow information to be transmitted to Google to validate your address?

Yes, use Google Services

No, do NOT use Google Services

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Online Renewal Screens



Step 3 of 6: Renewal

The browser's back button has been disabled. Ensure the information you have entered is correct before proceeding.

Your registration expires two years after your initial registration date. You must renew on or before your registration date and you may renew up to 90 days prior to expiration. If you do not renew, your Home Care Aide registration will be forfeited. If you are not on the Registry already, please use the Registration function instead.

Thank you for taking the time to renew your Home Care Aide registration. To begin the renewal process, please enter your 10-digit Personnel ID (PER ID) number and your unique personal identification number (PIN) in the text boxes below. To verify your identity, it is important that you enter the PER ID and PIN exactly as it appears on your renewal letter.

If you need to change your name, address, or identifying information, you may update this information on the next step. Please note that all information collected on this form may be recorded by the department.

If you lost your renewal letter or have problems during the online renewal process, please contact the Home Care Services Bureau at 1-877-424-5778 or by email at HCSB@dss.ca.gov. You may also submit a manual renewal application with a check or money order by clicking the "Printable HCA Renewal Application" button at the end of this page. However, please note that the online renewal process will allow you to renew your Home Care Aide registration immediately; therefore, it is highly recommended you renew online.

Required fields are noted by the asterisk (*) and must be filled out in order to proceed.

If any of the following apply, then you are not eligible for Home Care Aide registration at this time. Please note, if you continue with the application process, your application will be withdrawn and your fee will be forfeited.

- You had an application for a license, TrustLine registration, foster care certification or approval, administrator certification, or home care aide registration denied within the past year;
- You had a license, TrustLine registration, foster care certification or approval, administrator certification, or home care aide registration revoked or rescinded within the past two years;
- You had a criminal record exemption denied within the past two years; and/or
- You were excluded from all licensed facilities, certified family homes, resource family homes, and/or home care organizations and have not successfully petitioned for reinstatement.

Personnel ID (PER ID/HCA ID)

Enter your PER ID/HCA ID *



Personal identification number (PIN)

Enter your PIN *



☐ Show PIN

Submit

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Online Renewal Screens



Step 3 of 6: Renewal

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Required fields are noted by the asterisk (★) and must be filled out in order to proceed.

If any of the following apply, then you are not eligible for Home Care Aide registration at this time. Please note, if you continue with the application process, your application will be withdrawn and your fee will be forfeited.

- You had an application for a license, TrustLine registration, foster care certification or approval, administrator certification, or home care aide registration denied within the past year;
- You had a license, TrustLine registration, foster care certification or approval, administrator certification, or home care aide registration revoked or rescinded within the past two years;
- You had a criminal record exemption denied within the past two years; and/or
- You were excluded from all licensed facilities, certified family homes, resource family homes, and/or home care organizations and have not successfully petitioned for reinstatement.

Personnel ID (PER ID/HCA ID)

Enter your PER ID/HCA ID ★

 ?

Personal identification number (PIN)

Enter your PIN ★

 ?

☐ Show PIN

Submit

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Online Renewal Screens

Step 3 of 6: Renewal

The browser's back button has been disabled. Ensure the information you have entered is correct before proceeding.

Your registration expires two years after your initial registration date. You must renew on or before your registration date and you may renew up to 90 days prior to expiration. If you do not renew, your Home Care Aide registration will be forfeited. If you are not on the Registry already, please use the Registration function instead.

Thank you for taking the time to renew your Home Care Aide registration. To begin the renewal process, please enter your 10-digit Personnel ID (PER ID) number and your unique personal identification number (PIN) in the text boxes below. To verify your identity, it is important that you enter the PER ID and PIN exactly as it appears on your renewal letter.

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- You had a criminal record exemption denied within the past two years; and/or
- You were excluded from all licensed facilities, certified family homes, resource family homes, and/or home care organizations and have not successfully petitioned for reinstatement.

Name

First Name ★	Last Name ★	Middle Name
THREE	NOTWENTYSIXR	

Identifying information

Email Address	Day Phone Number	Evening Phone Number

Mailing Address

Enter your address

Enter a location

Address ★	Apartment
555 CAPITOL MALL	

City ★	State ★	ZIP Code ★
SACRAMENTO	CA	95814

Residence Address

Residence Same as Mailing

Enter your address

Enter a location

Address	Apartment
440 ARDEN WAY	

City	State	ZIP Code
SACRAMENTO	CA	95815

Go to Step 4

Online Renewal Screens



Step 4 of 6: Payment Information

The browser's back button has been disabled. Ensure the information you have entered is correct before proceeding.

In order to register online, you will need to provide the following credit card information to process the transaction. All fields are required, and none of your credit information will be stored or shared. Your transaction will be secured by the 3rd party payment processor, Converge.

Payment Amount

\$35

Credit Card Number

Accepts only   

Expiration Date

Month▼

Year▼

Security Code

[Where is my security code?](#)

Pay

Cancel

AS THE SYSTEM IS PROCESSING YOUR REQUEST, PLEASE BE PATIENT AND DO NOT DOUBLE CLICK AS THIS MAY RESULT IN MULTIPLE CHARGES TO YOUR ACCOUNT AND DELAYS IN YOUR REGISTRATION PROCESS.

Online Renewal Screens



Step 5 of 6: Transaction Receipt

Applicant Name:	THREE NOTWENTYSIXR
Payment Amount:	\$ 35.00
Verification Code:	CMC491
Transaction Date:	11/03/2017
Personnel ID (PER ID/HCA ID):	7516001994

Return/Refund Policy

The Home Care Services Bureau (HCSB) cannot refund transactions unless there is documented proof of an error. If you can prove a legitimate claim, contact the HCSB at 1-877-424-5778, to begin the refund request process.

Print

Enter your email to receive a copy of your receipt

Continue

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Phone: 1-877-424-5778

Email: HCSB@dss.ca.gov

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Online Renewal Screens



Step 6 of 6: Congratulations!

Congratulations! You have successfully submitted your Renewal Home Care Aide Registry application and payment. Your Personnel ID (PER ID or HCA ID) is provided below:

PER ID / HCA ID #: 7516001994

Print this page and keep a copy for your records. Save your unique PER ID / HCA ID number for future reference as you will need this number to provide to future employers and to verify your status on the Home Care Aide Registry. You are required to inform the Home Care Services Bureau, in writing, of any changes in your address within ten (10) days. You may request a change of address by completing the Request for Name/Address Change form (HCS 105). The HCS 105 can be found on the CDSS forms page at <http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS105.pdf>. The form must be mailed to HCSB at the address below:

California Department of Social Services
Home Care Services Bureau
744 P Street, M.S. T8-3-90
Sacramento, CA 95814

If you have any questions, contact the Home Care Services Bureau by phone at 1-877-424-5778 or by email at HCSB@dss.ca.gov.

Return

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Online Renewal Email Confirmation

Home Care Services Registry Credit Card Payment Receipt

DO NOT reply to this email.

Thank you for renewing with the HCS Registry. Save and print this email for your records. Make a note of your Personnel ID (PER ID) as it will be used to identify you on the registry for your clients and as a reference for CDSS employees. This transaction will appear on your card's billing statement under 'HCSB'. If you need to contact us regarding this payment, reference your PER ID (7516001994) and your transaction code (CMC491) when you contact the the HCS Registry Staff at 1-877-424-5778 or HCSB@dss.ca.gov

Payment Receipt

Name	THREE NOTWENTYSIXR
Personnel ID (PER ID)	7516001994
Credit Card Reference	543330
Payment Date	11/3/2017 8:57:47 AM
Payment Amount	\$35.00
Transaction Code	CMC491

Questions and Comments

References

- ▶ Home Care Services Bureau
<http://www.cdss.ca.gov/inforesources/Community-Care/Home-Care-Services>
- ▶ Caregiver Background Check Bureau
<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Background-Check-Process>
- ▶ Health and Safety Code
http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml

Acronyms

Acronym	Term
AB	Assembly Bill
CBCB	Caregiver Background Check Bureau
CCLD	Community Care Licensing Division
CDPH	California Department of Public Health
CDSS	California Department of Social Services
DDS	Department of Developmental Services (California)
DOJ	Department of Justice (California)
DRA	Domestic Referral Agency
EM	Evaluator Manual
FAQ	Frequently Asked Questions
H&SC	Health and Safety Code
HCA	Home Care Aide
HCO	Home Care Organization
HCS	Home Care Services
HCSB	Home Care Services Bureau
HCSCPA	Home Care Services Consumer Protection Act
IHSS	In Home Supportive Services
LPA	Licensing Program Analyst
RO	Regional Office
SB	Senate Bill
TL	TrustLine

Contact Us

For more information regarding the Home Care Services Consumer Protection Act, please contact the Home Care Services Bureau by e-mail at HCSB@dss.ca.gov or by telephone at 877-424-5778.